



TRY DIVE BOOKING FORM

Name (Participant)	Name (Parent/Guardian if <18 years)	Date
Address (Participant)	Address (Parent/Guardian, if different)	Date of Birth (Participant)
		Age (Participant)
Contact no.:	Email:	

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Photography

Scubaducks Dive Centre or parents/guardians/participants may take underwater photography and video. We may use any photos/video in our publicity material, on our website and in social media.

IF YOU DO NOT WANT YOURSELF/YOUR CHILD PHOTOGRAPHED, PLEASE ADVISE A MEMBER OF STAFF.

By signing you give your consent for photographic equipment and resulting photos/video to be used by Scubaducks Dive Centre.

Signature: _____ **Date:** _____

The following to be completed after the dive briefing given by your instructor during your Try Dive

When carried out correctly, using the correct techniques, scuba diving is very safe. Before heading to the pool you will learn from your instructor the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba diving equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

I confirm that the safety rules for scuba diving have been fully explained to me by my instructor and I have had the opportunity to clarify anything I am not sure about.

(Please tick)

_____ I understand that upon completing the Try Dive programme, I will NOT be qualified to dive independently without a certified professional guiding me.

_____ To equalise my ears and sinus air spaces, I will need to blow gently against pinched nostrils every 0.5/1 m while diving.

_____ If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.

_____ Underwater I should breathe slowly, deeply, continuously and NEVER hold my breath.

_____ I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.

_____ I can seek further training from Scubaducks Dive Centre and my Instructor to become certified to dive without a professional guide.

Signature: _____ **Date:** _____